

0979

# CALIFORNIA'S HEALTH

WILTON L. HALVERSON, M.D.  
DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH

ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 25, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

STATE BOARD OF PUBLIC HEALTH

DR. CHARLES E. SMITH, President  
San Francisco

DR. SANFORD M. MOOSE  
San Francisco

DR. JAMES F. RINEHART, Vice President  
San Francisco

DR. ERROL R. KING  
Riverside

DR. ELMER BELT  
Los Angeles

DR. SAMUEL J. McCLENDON  
San Diego

DR. HARRY E. HENDERSON  
Santa Barbara

DR. WILTON L. HALVERSON,  
Executive Officer  
San Francisco

VOLUME 8, Number 14

JANUARY 31, 1951

ANN WILSON HAYNES, Editor  
ALTON E. WILSON, Associate Editor

## Keeping the Young Heart Fit\*

HULDA E. THELANDER, M.D., Acting Chief, Pediatrics, Children's Hospital, San Francisco

Prevention of heart disease may be considered from three aspects—congenital heart disease, rheumatic heart disease, and the chronic or degenerative heart diseases. I shall take each of these conditions in turn and briefly call to mind the possibilities of prevention and the direction research is taking to gain more knowledge about causes as well as cures.

### Congenital Heart Disease

In regard to congenital heart disease, then, do we have any knowledge at present which gives clues to possible causes of the heart born wrong? Not so long ago it was considered that a heart born defective was an accident of birth, of which we knew nothing and could do nothing about; it was in the genes of the individual. This may still be true for certain of the congenital heart conditions, but there should be no finality in our views as to what might or might not be done about them.

### Infection a Factor

It is now an established fact that an infection, namely, German measles, when contracted by a woman during her first three months of pregnancy produces congenital anomalies, of which heart anomaly is one, in a high percentage of the offspring. It is not known for certain whether other infections have a similar effect on the fetus, but material on the subject is being amassed throughout this Country and abroad. Such virus diseases as mumps, chickenpox and measles have been incriminated by a few reports. In the near future, there should be clarification of the role various infections contracted during early pregnancy have in the production of congenital heart defects and other fetal anomalies.

\* Modified from a paper presented at a meeting of the Heart Division of the San Francisco Tuberculosis Association, in observance of Heart Day, February 14, 1950. The Heart Division has since become the San Francisco Heart Association.

### The Importance of Diet

One other fact is known, namely, that in certain lower species experimentation with diet during gestation has produced anomalies. Dr. Douglas Murphy studied human anomalies in Philadelphia over a period of five years and in his recent book noted that in mothers who bore anomalous infants 40 percent had had an unbalanced diet. He carefully records that this is not proof that diet in these instances had anything to do with anomalies, but it is a lead which can be pursued further. Daily we are acquiring new information as to the relationship of food, vitamins, hormones and their interplay on the glands of internal secretion which in turn regulate many of the essential functions of the body.

### Protecting the Fetus

It is a known fact that nature protects the fetus very carefully. However, we are discovering that there are limits to this protection, and it is unfair to subject the growing fetus to any and every kind of insult, expecting all of them so abused to come out unscarred.

It should be appreciated that it takes a very slight halt in development when the fetus is a few weeks old to produce a major anomaly when that fetus reaches term. It is like dropping a stitch when knitting. One stitch out of a hundred or more is trivial during the first plain knitting but when it comes to the final design, the whole pattern becomes distorted because of the dropped stitch. Unfortunately in the creation of a baby we cannot unravel and make it over as we can in knitting.

In view of our present knowledge it behooves us to protect the early environment of the fetus. That environment, it should be self-evident, is the mother. This



does not mean foolish coddling. The present day pregnant girl lives and should live a normal life. She should guard herself, however, against infection, especially during her first three months of pregnancy. She also should eat well; by that I mean the proper and essential foods.

It may not be amiss to elaborate on this matter of diet a little more. A great deal has been learned about pregnancy diets in the past two decades and we are already seeing results. Hemorrhagic disease of the newborn is not often encountered any more. It used to be fairly common, and eclampsia (convulsions) also is now quite rare. This may be attributed, in part at least, to a better knowledge of nutrition.

#### Learning Good Habits

There is another aspect of healthful living that I wish to emphasize. Good habits are not learned overnight. A girl cannot mock health rules for 20 years and then eat well during her pregnancy. Healthful habits should be established in infancy. This, of course, means that mothers should know something about both nutrition and cooking. In addition, they often need to know a great deal about the psychology of eating. For 30 years or more pediatricians have "battled" with the child who won't eat. Now, the formula has been reduced in essence to this—make mealtime a happy time and expose the child to only good food. It works! Why else does the Chinese like his rice, the Italian his spaghetti, and all husbands their mothers' cooking.

#### Preparation for Parenthood

There is evidence in our culture that we are giving more attention to preparation for parenthood. It is asking a great deal of young folks to expect them to be model parents overnight, when the pattern of our culture has ignored training for parenthood up to the time of the arrival of the child. Preparation for parenthood should be started in infancy. Children should be reared to be happy in their respective roles as male and female.

#### Rheumatic Heart Disease

The second disease which we would like to prevent is rheumatic heart disease. This, too, can be attacked only from a broad general base. Studies to date indicate that the prevention of streptococcal infection directly or indirectly plays some part in the prevention of rheumatic heart disease. We cannot say in the individual case that this infection will precipitate rheumatic fever in this particular child, but we can treat severe streptococcal infections vigorously and thereby prevent prolonged secondary complications such as otitis media, mastoiditis, sinusitis and cervical adenitis. Also, we can and should study those children who are subject to

frequent and repeated infections as to the cause of their infections. In some instances it may be an anatomical disease, such as infected tonsils and adenoids or chronic sinusitis; it may be on the basis of an allergy that predisposes to infection; it may be on the basis of a general constitutional deficiency of nutrition or endocrine or even congenital origin. These children as individuals should be followed and every attempt made to eliminate the recurrent infection.

This general attack, fortified as we now are with a variety of drugs and antibiotics of great specificity, should eventually result in a decrease in the incidence of rheumatic fever. I believe statistics are already showing this decrease.

#### Degenerative Heart Disease

Finally, it may seem entirely presumptuous of me to think that my subject, keeping the young heart fit, has anything to do with the aging heart. We all must die, and the heart, as any other organ, is subject to the aging process and degeneration. However, now that geriatrics, a study of the aged, has become a specialty like pediatrics, the two should join hands across the middle years and we should start observing the things in childhood which may predispose the individual to later heart conditions. We know, for instance, that certain virus diseases like poliomyelitis cause temporary cardiac muscle damage. There may be other diseases that predispose this muscle to damage, and not only the muscle, but the blood vessels and the kidneys, all of which directly or indirectly affect circulation and thereby the heart. We also know that nutrition has a cumulative effect, that salts, fats, cholesterol, and other products are found in abundance in certain degenerative diseases. If we trace these backward from adult life into childhood and follow our children from childhood into adult life we will eventually find the causes, which will help us to treat more intelligently the diseases of old age.

#### Conclusions

Maybe we have better things just around the corner. Such drugs as cortisone and ACTH are now being produced in amounts sufficient to adequately test them out. When this new area has been explored thoroughly it is possible we will have even more specific preventive measures.

Until such a time, however, we must be content with general measures as I have tried to outline them. Heart disease is no worse than it used to be; it has reached prominence by the decrease in other diseases. Heart disease, cancer and accidents are now at the head of the list because diphtheria, whooping cough, scarlet fever and pneumonia have dropped below them, as when the tide recedes and exposes ugly crags. It is up to us to whittle these new leaders down too.

## Joint Committee on School Health Issues Vision Testing Guide

Recommendations of the State Department of Education and the State Department of Public Health for the vision testing of school children are set forth in a new pamphlet currently being distributed to schools and health departments throughout California by the two departments. The pamphlet, entitled "Vision Testing of School Children," was prepared by a subcommittee of the State Joint Committee on School Health.

The report is intended as a guide to local public health and school personnel in establishing procedures for vision testing in the schools as required by the Education Code. In accordance with its general policy regarding all aspects of the school health program, the State Joint Committee on School Health recommends that local policies and procedures for vision testing be established jointly by local school and health departments in consultation with eye specialists and other interested persons and groups.

The types of vision tests commonly used in schools are described and instructions are included for giving the Snellen and Plus Sphere tests. The pamphlet also emphasizes the importance of observations by teachers, nurses, and parents, and of adequate followup procedures.

The subcommittee which prepared the report is as follows:

Donald R. Caziarc, Chairman, Hearing Conservation Specialist, State Department of Public Health; Marshall B. Atkinson, M.D., San Francisco, ophthalmologist; Mrs. Frederiek Bertram, Sight Conservation Supervisor, Oakland Public Schools; Margaret Cree, P.H.N., School Nursing Consultant, State Department of Public Health; K. H. MacPherson, O.D., Stockton, representing the California Optometric Association; David Van der Slice, M.D., School Health Consultant, State Department of Public Health (now Coordinator of Health Services for the Oakland Public Schools); and Marie Wall, P.H.N., Supervisor, Hearing and Vision Testing, Los Angeles County Public Schools.

## National Social Hygiene Day Set for February 7th

Particularly appropriate in these times of national and international stress, the 1951 slogan for the observance of National Social Hygiene Day, February 7th, is "Safeguard Our Stronghold—the Family." In calling for all communities to join in observing this day, the sponsoring American Social Hygiene Association points out that "not a family in this Country will escape the impact of military and industrial demands.

Industrial expansion will cause countless family dislocations. Women may yet be drafted. We can forecast the effects on family life, on children. We can plan now to offset them."

Walter Clarke, M.D., A. S. H. A. executive director, emphasizes that the American family is the first concern of social hygiene. He declares "there is little point in defense if our most precious institution—the family—loses its inner strength. We must work harder than ever to:

Help young people meet the challenge of marriage and parenthood in a changing, threatening world.

Help parents meet the peculiar demands of our times in their task of child development.

Stimulate character guidance opportunities for servicemen, for all young people. Keep communities clean.

Preserve the health of the American people by warring against the still unbeaten enemy—venereal disease.

Since its organization almost 40 years ago, the American Social Hygiene Association has led a continuous national effort to promote sound family life. Without relaxing its efforts to assure that medical and public health programs for venereal disease control shall continue to develop, the association is turning increasing attention to the long-range educational job of "helping parents and other leaders to train, guide and protect young people, on whose shoulders rest the vitality of the Nation and the future of the Country."

Even with penicillin, which cures most cases of venereal disease, this Country still has an enormous venereal disease problem. In 1950 physicians reported nearly 600,000 cases of syphilis and gonorrhea. The A. S. H. A. estimates that at least that many more VD infections remained untreated, a menace to others.

Penicillin can cure infections, but it cannot find them. Only education can bring the public to the realization that all communities must organize their health forces against the venereal diseases and control VD as they do other epidemics, particularly in periods of mobilization and national emergencies.

The A. S. H. A. contends that only education can prevent the promiscuity which spreads venereal disease, especially among young people. What is needed is concerted effort by parents, teachers, churches and appropriate social agencies to prepare youth for useful living and for successful marriage and parenthood.

In the past few months California has been experiencing an increase of venereal disease cases among military personnel and in areas adjacent to certain military camps, although the civilian rates for the State as a whole have continued to decrease during this period. Past experience would indicate that this downward trend in the civilian population could easily be reversed in California along with increased mobilization and intensified defense production in industry.



## Board Appoints Consultants, Advisory Committees for 1951

Advisory committees and consultants to serve during 1951 have been appointed by the State Board of Public Health and the Director of the State Department of Public Health.

As in past years, the committees and consultants listed below are contributing valuable service and guidance to the on-going program of public health in California.

Two new committees appear this year for the first time—the *Advisory Committee on General Crippled Children Services*, and the *Advisory Committee on the Morbidity Research Project*, indicating new or increased interest in the respective fields. The Morbidity Research Project, made possible through a \$43,000 grant last July to the State Department of Public Health by the National Institutes of Health, proposes to develop methods by which the volume and distribution of illness among the general population may be measured.

### Advisory Committees

#### Clinical Laboratory Technicians' Advisory Committee

*Northern Committee:* Kathryn Grundman, Oakland; Paul Guttman, M.D., Sacramento; Paul G. Hattersley, M.D., San Francisco; Lucien D. Hertert, San Francisco; Herbert G. Johnstone, Ph.D., San Francisco.

*Southern Committee:* A. G. Foord, M.D., Pasadena; John F. Kessel, Ph.D., Los Angeles; George D. Maner, M.D., Los Angeles; Mrs. Leo F. Pierce, Los Angeles; Maxine Wertman, Alhambra.

#### General Crippled Children Services Advisory Committee

Elmer Belt, M.D., Los Angeles; Frederic C. Bost, M.D., San Francisco; Frederic C. Cordes, M.D., San Francisco; Harry Frederick Dietrich, M.D., Beverly Hills; Frederic Ewens, M.D., Manhattan Beach; Russell Fletcher, M.D., Berkeley; Lindol French, M.D., San Francisco; Warren E. Griffith, San Francisco; Emile Holman, M.D., San Francisco; Mrs. Waldron Hyatt, Crannell; R. B. McClellan, Lompoc; S. J. McClendon, M.D., San Diego; Edward Prigge, M.D., Modesto; Hartzell H. Ray, M.D., San Mateo; Walter A. Rohlfing, Jr., M.D., Fresno; W. Elwyn Turner, M.D., San Jose; George V. Webster, M.D., Pasadena; Frederick T. West, D.D.S., San Francisco.

#### Morbidity Research Project Advisory Committee

Ernest A. Daus, M.D., San Francisco; David Frost, M.D., Alameda; Mr. M. I. Gershenson, San Francisco; J. Norman O'Neill, M.D., Los Angeles; E. L. Place, St. Helena; Edward S. Rogers, M.D., Berkeley; Jack

Sauerwein, Los Angeles; William P. Shepard, M.D., San Francisco; Bert S. Thomas, M.D., Sacramento; Francis E. West, M.D., San Diego; Orville Railey, Sacramento; Jacob Yerushalmy, Ph.D., Berkeley.

#### Advisory Committee on Sanitarians' Standards

J. B. Askew, M.D., San Diego; Stanley Martin, Los Angeles; Walter S. Mangold, Berkeley; Charles B. Ruegnitz, San Leandro; Charles Senn, Los Angeles; Robert S. Westphal, M.D., Santa Rosa.

#### Vector Control Advisory Committee

Stanley B. Freeborn, Ph.D., Berkeley; Harold F. Gray, Oakland; O. C. Hopkins, San Francisco; John R. Philp, M.D., Oroville; W. C. Reeves, Ph.D., Berkeley; Edward Lee Russell, M.D., Santa Ana; Charles L. Senn, Los Angeles; Tracy I. Storer, Ph.D., Davis; Jack H. Kimball, Santa Ana; Edgar A. Smith, Merced.

#### Advisory Committee on School Audiometry

W. D. Currier, M.D., Pasadena; Mrs. Vivian Lynndelle, Sacramento; Robert Chamberlain McNaught, M.D., San Francisco; Norman Watson, Ph.D., Los Angeles; Mrs. Edna Wirt Woods, Ventura.

#### Educational Advisory Committee Field Training

Dwight H. Bissell, M.D., San Jose; I. O. Church, M.D., Sacramento; Harold B. Gotaas, Sc.D., Berkeley; Edward S. Rogers, M.D., Berkeley; Verne S. Landreth, Sacramento; Margaret Tracy, San Francisco; Lulu K. Wolf, Los Angeles.

*Consultants to Educational Advisory Committee:* Alonzo F. Brand, M.D., San Francisco; Edith P. Sappington, M.D., San Francisco.

*Subcommittee Consultants to Educational Advisory Committee:* Wilma Becknell, Santa Barbara; Ralph V. Gunderson, Visalia; Eugene M. Howell, Redwood City; Walter Mangold, Berkeley; Levitte Mendel, San Jose; Dorothy B. Nyswander, Ph.D., Berkeley; Helen M. Wolfe, Richmond.

#### Advisory Committee on Dental Health

E. Frank Inskipp, D.D.S., San Francisco; R. W. McNulty, D.D.S., Los Angeles; Melvin E. Ralston, D.D.S., Pomona; Clyde C. Sheppard, D.D.S., Berkeley; Thomas E. Tilden, D.D.S., Sacramento; Edmund V. Street, D.D.S., San Francisco.

#### Technical Advisory Committee on Fish Canning Research

C. D. Day, Monterey; G. H. Clark, Terminal Island; Dr. J. R. Esty, San Francisco; J. E. McConkie, San Francisco; T. D. Sanford, San Francisco; Dr. Sven Lassen, Terminal Island; Robert K. Pederson, Terminal Island; C. B. Stevenson, Terminal Island.

### Cannery Inspection Board

Allen Lynn, Sacramento; R. E. Sanborn, San Francisco; S. J. Tupper, Oroville; Gilbert C. Van Camp, Terminal Island.

*Statutory Members:* K. F. Meyer, M.D., San Francisco; Wilton L. Halverson, M.D., San Francisco.

### Curators of the Unclaimed Dead

*Northern California:* J. B. deC. M. Saunders, F.R.C.S., San Francisco.

*Southern California:* Paul R. Patek, M.D., Los Angeles.

### Consultants

*Adult Health:* Rutherford T. Johnstone, M.D., Los Angeles; W. P. Shepard, M.D., San Francisco.

*Animal Industry:* George H. Hart, D.V.M., Davis.

*Bacteriology:* Charles M. Carpenter, M.D., Los Angeles; R. V. Stone, D.V.M., Los Angeles.

*Cerebral Palsy:* Sol Malvern Dorinson, M.D., San Francisco; Kenneth Jacques, M.D., Los Angeles; Margaret H. Jones, M.D., Glendale.

*Education, Health:* Walter H. Brown, M.D., Palo Alto; Verne Landreth, Sacramento; Walter Wanger, Beverly Hills; Dorothy B. Nyswander, Ph.D., Berkeley; W. P. Shepard, M.D., San Francisco.

*Entomology:* Stanley B. Freeborn, Ph.D., Berkeley.

*General:* Karl F. Meyer, M.D., San Francisco.

*Hansen's Disease:* A. G. Bower, M.D., Pasadena.

*Hospital Administration:* Anthony J. J. Rourke, M.D., San Francisco; E. Weisberger, Los Angeles.

*Microbiology:* John F. Kessel, Ph.D., Los Angeles.

*Parasitology:* Herbert G. Johnstone, Ph.D., San Francisco.

*Rheumatic Fever:* Harold Rosenblum, M.D., San Francisco; George C. Griffith, M.D., Pasadena.

*Statistics, Public Health:* E. L. Lucia, Ph.D., San Francisco.

*Tuberculosis:* F. M. Pottenger, M.D., Monrovia; Corwin Hinshaw, M.D., Palo Alto.

*Veterinary Microbiology:* John B. Enright, Ph.D., Berkeley.

### Short Courses on Polio Care

Designed to present all phases of patient care, with emphasis on coordination of services, a series of short courses in poliomyelitis is being offered in coming months for physicians, nurses, physical therapists, and occupational therapists at Orthopaedic Hospital, Los Angeles. The first course of the series will begin February 12th, the second on May 21st and the final one on October 22d. Physicians will attend for four days, the other specialists for five. The National Foundation for Infantile Paralysis has granted funds to aid in the program.

The courses are open to physicians with an M.D. degree, registered nurses, physical therapists with membership in the A. P. T. A. or senior members of the American Registry of P. T. Technicians, and to occupational therapists who are registered with the A. O. T. A. For further information write to the following sources at Orthopaedic Hospital, 2400 South Flower Street, Los Angeles: *Physicians*, C. L. Lowman, M.D., Director of Education and Rehabilitation; *nurses*, Mary Louise Hamra, R.N., Instructor of Nursing Education; *physical therapists*, Susan G. Roen, Director of Physical Therapy; and *occupational therapists*, Miriam Thompson, O.T.R., Director of Occupational Therapy.

Registration will be \$5 and tuition \$10. Physical therapists and occupational therapists may apply to the National Foundation for scholarships. Physicians and nurses who need financial assistance to attend may apply to local chapter of the National Foundation.

### Reorganization Completed by Division of Preventive Medical Services

A number of organizational changes, including the elevation of five services to bureau status, have been carried out within the Division of Preventive Medical Services. Four of the new bureaus, namely the Bureau of Acute Communicable Diseases, the Bureau of Chronic Diseases, the Bureau of Venereal Diseases, and the Bureau of Tuberculosis Control, were formerly grouped as services under a Bureau of Disease Control, which is now eliminated. The new Bureau of Crippled Children Services was formerly a service within the Bureau of Maternal and Child Health.

A new position of assistant chief has been created in the reorganization. Dr. Frederic M. Kriete, formerly Chief of the Bureau of Maternal and Child Health, has been appointed to this post. Dr. Robert Dyar is chief of the division. The bureaus and services now comprising the division are as follows:

*Bureau of Acute Communicable Diseases*, Dr. Arthur C. Hollister, Jr., Chief; *Bureau of Chronic Diseases*, Dr. Lester Breslow, Chief; *Bureau of Tuberculosis Control*, Dr. Edward Kupka, Chief; *Bureau of Venereal Diseases*, Dr. A. Frank Brewer, Chief; *Bureau of Hospitals*, Gordon R. Cumming, Chief; *Bureau of Adult Health*, Dr. Herbert K. Abrams, Chief; *Bureau of Maternal and Child Health*, Dr. Anita E. Faverman, Chief; *Bureau of Crippled Children Services*, Dr. Marcia Hays, Chief; *Bureau of Public Health Nursing*, Miss Rena Haig, Chief; *Mental Health Services*, Dr. Kent A. Zimmerman, Chief; *Social Services*, Miss Eleanor Criger, Acting Chief; *Nutrition Services*, Miss Helen E. Walsh, Chief.

### Department Sponsors Obesity Study at Herrick Memorial Hospital

The relation of obesity to health has long been observed, but up to now relatively little has been known about just how many health problems stem definitely from obesity. Furthermore, although obese people generally wish they were thin and many try to reduce, the lack of success which characterizes many such attempts indicates that new methods and techniques for losing weight need to be explored.

New knowledge about health and control in obesity is now being sought through a project financed by the State Department of Public Health and receiving co-operation of the Bureau of Chronic Disease and other staff. This is the first project to be undertaken by the recently formed Department of Research at Herrick Memorial Hospital, a private, nonprofit community hospital in Berkeley.

The obesity study was planned last summer to last for one year, and is designed not only to help obese persons to lose excess weight and maintain weight loss, but to learn more about the relationships of overweight to various problems of personal health. A small group of overweight persons attending the Herrick clinic piloted the study a few months ago, and this month two more groups were organized from San Francisco Bay area residents selected by their physicians or otherwise chosen to participate. The whole project will involve about 100 overweight individuals.

Participants meet in groups at the hospital clinic every week. Before admission to a group, each applicant is given a complete physical examination, with special attention paid to significant family history, weight curve, distribution of adipose tissue, and heart condition. A battery of laboratory tests includes blood sugar, hemoglobin and cholesterol, urine, chest X-ray, and electrocardiograph tracing. Personnel from the Herrick Memorial Hospital resident medical, clinic, laboratory and dietary staff volunteer evening services to handle these preliminaries.

Group instruction in the weekly classes advises and helps the selected overweight persons in maintaining a standard low-fat reducing diet. Objectives in this respect will be achieved if: (1) weight changes are achieved in relation to personal goals; (2) changes, once achieved, are maintained during a period of follow-up; (3) factors in the success or failure of weight control in groups can be determined; (4) the individual's knowledge of good eating practices is improved; and (5) the experience leaves the participant with a feeling of satisfaction in successful reduction of weight.

The researchers concerned will meanwhile collect and analyze data on the physical conditions and

changes influenced by diet. Dr. John Gofman of the University of California Donner Laboratory is conducting serial studies of blood cholesterol and "giant molecule" lipoprotein among the participants.

Overweight groups at Herrick are being supervised by an internist, a group therapist, a nutritionist and a health educator. The latter two aides have been furnished by this department.

### Local Health Officers' Conference Appoints Committees

Appointment of committees of the California Conference of Local Health Officers for 1951 has been made by Dr. J. B. Askew, Health Officer for San Diego City and County, and new president of the conference.

Dr. John R. Philp, Butte County Health Officer, is chairman of the *Committee on Administrative Practices* which consists of 13 local health officers. Five study committees of the conference function through this committee. Local health officers serving as chairmen of the study committees are as follows:

*Environmental Sanitation*, Dr. Hubert O. Swartout, San Luis Obispo County; *Health Center Construction*, Dr. Harold C. Chope, San Mateo County; *Maternal and Child Health*, Dr. I. D. Litwack, Long Beach; *Disease Control and Laboratories*, Dr. Kenneth W. Haworth, Napa County; and the *Study Committee on General Services*, Dr. Stanford F. Farnsworth, Oakland.

The following health officers were appointed to a joint committee with the California Medical Association: Dr. J. B. Askew; Dr. Elmer M. Bingham, San Joaquin Local Health District; Dr. Roy O. Gilbert, Los Angeles County; Dr. W. Elwyn Turner, Santa Clara County; Dr. Stanford F. Farnsworth; Dr. Martin Mills, Richmond, and Dr. George M. Uhl, Los Angeles City.

### San Francisco Heart Day Program

A unique "Heart of the Home" program, which will introduce a kitchen with special features for the cardiac housewife, is being planned by the San Francisco Heart Association as part of its annual observance of National Heart Day, February 14th, according to an announcement by Dr. Maurice Sokolow, Assistant Professor of Medicine, University of California Medical School, and president of the S. F. H. A. Heart Day activities will be open to the public. The "Heart of the Home" program will be held during the morning in the St. Francis Hotel, to be followed by a luncheon meeting and panel discussion by participants from labor, management and medicine on "The Problem of the Cardiac in Industry."



### Voluntary Mental Health Groups Merge to Effect Broad National Program

Paving the way for a comprehensive attack on problems of mental health and mental health education, the Nation's three leading voluntary organizations in the field have merged to form the National Association for Mental Health, Inc. The corporations which came together to form the association were the National Committee for Mental Hygiene, founded by Clifford Beers in 1909; the National Mental Health Foundation, of which former Supreme Court Justice Owen J. Roberts was honorary president, and the Psychiatric Foundation.

Arthur H. Bunker, President of Climax-Molybdenum Corporation, newly elected board chairman, expresses the hope that the association soon will meet the same need in the mental health field that the National Tuberculosis Association, the American Heart Association and other similar organizations are fulfilling in their fields.

"The existence until now of three separate national groups, overlapping to a great extent in their work, has tended to confuse the public," Mr. Bunker states. "Now that the three groups are one, I look for rapid advances in services which can be made available to combat the Nation's No. 1 health problem."

Oren Root, New York attorney, was elected president and Dr. George S. Stevenson, psychiatrist, was elected medical director. Staff members of the three organizations will comprise the staff of the new association. Richard C. Hunter, former executive secretary of the National Mental Health Foundation, will head the group coming from that organization's Philadelphia office.

Mr. Root, who will devote full time to his duties as president of the association, points out that "there is evidence of widespread interest in mental health, but to be truly effective, this interest must be encouraged and channeled. To achieve its purpose, the association will work to promote more adequate care and treatment for the mentally ill and mentally retarded, to improve and expand training programs for both the psychiatric and allied professions, to stimulate research, and to disseminate information to the public about mental health and ways to preserve it."

From *Channels*, National Publicity Council bulletin; Sept. 15, 1950.

### Health Officer Change

H. G. Mello, M.D., has been named health officer for Solano County on a 60-day temporary appointment to fill the vacancy made by the resignation of L. S. McLean, M.D. The appointment became effective January 3d.

### Large-scale Research Projects to Study Nation's Health

Three large-scale research projects are now in the study and planning stage preparatory to seeking new fundamental information about the Nation's health. These projects are announced in *Channels*, National Publicity Council bulletin, as follows:

1. The National Opinion Research Center, affiliated with the University of Chicago, proposes to determine on a national scale the facts about (1) the availability of health and medical care; (2) the costs of medical care; (3) the incidence of accidents and ill health; and (4) popular beliefs, attitudes and practices affecting medical care and health.

2. The University of Pennsylvania would attempt to find out the extent and effects of financially catastrophic illness upon American families.

3. The American Hospital Association plans a study which would deal with the financing of hospital care, and would evaluate the current financial costs of hospital care. This project would also study means for obtaining high quality hospital services at the lowest possible costs, and evaluate systems of payment for hospital care.

Representatives of the three organizations have met to exchange ideas on the proposed studies. They met under the auspices of the Health Information Foundation, nonprofit institution recently formed by officers of drug and medical supply firms to develop factual information on national health needs and facilities.

### San Luis Obispo Has P. H. N. Vacancy

The Civil Service Commission of San Luis Obispo County announces a vacancy for a public health nurse to be employed in a generalized county health program. Applicants must have a California public health nursing certificate. Salary is \$260 to \$300 per month, with a 38-hour week, 15 working days vacation, sick leave, and travel expenses.

There will be no written examination. Direct inquiries to the Civil Service Commission, Room 105, Courthouse, San Luis Obispo.

### National Heart Week

National Heart Week will be observed the week of February 11th, with Valentine's Day, February 14th, receiving special emphasis as Heart Day. The California Heart Association and the several local heart associations throughout the State are planning special activities to mark the occasion.

### California Morbidity Reports Selected Diseases—Civilian Cases

Total Cases for December and Total Cases for January Through  
December, 1950, 1949, 1948 and Five-year  
Median (1945-1949)

Reportable diseases	Current month				Cumulative			
	December				January through December			
	1950	1949	1948	5-yr. me- dian 1945- 1949	1950	1949	1948	5-yr. me- dian 1945- 1949
Amebiasis.....	26	24	27	18	373	325	321	194
Anthrax.....	1				1	4	1	1
Botulism.....			3		7	2	6	6
Brucellosis (undulant fever).....	4	11	15	19	112	127	164	260
Chancroid.....	26	27	41	41	312	529	432	529
Chickenpox.....	2,208	1,765	2,961	2,961	33,050	43,135	40,466	40,466
Cholera.....								
Coccidioidomycosis, disseminated.....	7	6	1	5	89	90	72	63
Conjunctivitis, acute in- fectious of the newborn.....	1	2	1	4	10	13	15	29
Dengue.....								
Diarrhea of the newborn.....	59	1	9	13	125	66	137	137
Diphtheria.....	22	22	43	57	268	457	444	774
Encephalitis, infectious.....	39	8	2	11	336	75	69	128
Epilepsy.....	111	171	212	171	1,816	2,166	1,988	1,738
Food poisoning.....	22	45	19	45	1,312	654	638	638
German measles.....	201	129	290	210	2,667	17,897	3,710	11,276
Gonococcus infection.....	1,370	1,400	2,385	2,193	15,866	27,350	26,767	27,668
Granuloma inguinale.....	1	3	4	4	23	26	49	43
Hepatitis, infectious.....	28	49	19	19	358	512	109	183
Influenza, epidemic.....	22	26	71	71	471	777	14,700	1,470
Leprosy.....	2	1			9	13	14	11
Leptospirosis (Weil's disease).....					4	2	2	
Lymphogranuloma venereum.....	8	12	21	19	135	230	236	236
Malaria.....	1	1		8	13	19	46	110
Measles.....	1,009	338	1,520	1,303	16,449	42,012	64,727	42,012
Meningitis, meningococcal.....	16	23	30	29	238	280	336	336
Mumps.....	1,170	2,051	2,831	1,851	33,139	39,262	32,145	32,145
Pertussis*.....	186	352	218	352	6,613	4,476	3,718	4,476
Plague.....								
Pneumonia, infectious.....	110	132	126	181	1,861	1,766	1,682	1,846
Poliomyelitis, acute anterior.....	205	153	539	79	2,204	2,739	5,782	2,164
Psittacosis.....		2	11	2	10	19	24	12
Rabies, animal.....	8	6	31	35	98	152	279	303
Rabies, human.....						1		1
Relapsing fever.....					5	10	5	10
Rheumatic fever, acute.....	26	39	71	50	447	637	704	704
Rocky Mountain spotted fever.....					4	5	3	2
Salmonella infections**.....	17	36	14	5	391	413	123	123
Shigella infections (bacillary dysentery).....	38	73	77	26	553	1,005	519	287
Smallpox.....								2
Streptococcal infections: Scarlet fever.....	469	347	390	508	4,720	3,536	3,695	5,019
Streptococcal sore throat (and "septic sore throat").....	33	53	88	43	629	569	581	502
Syphilis.....	751	753	1,364	1,411	9,552	13,337	16,900	21,766
Tetanus.....	1	8	3	3	44	55	54	66
Trachoma.....		1	3	2	21	13	33	33
Trichinosis.....	3	3	2	3	20	24	39	23
Tuberculosis: Respiratory.....	707	603	776	647	7,759	8,376	8,245	8,245
Other.....	36	37	42	42	414	530	571	571
Typhoid fever.....	7	11	9	9	101	115	165	152
Typhus fever.....	1	4	3	4	5	16	20	35
Yellow fever.....								

\* Corrected cumulative total for pertussis, January through November, 1950, is 6,427 instead of 16,330 reported in error in November report. Also, corrected cumulative total for chickenpox, January through November, 1950, is 30,842 instead of 58,742 reported in error in November report.

\*\* All types of salmonella infections now reportable. Prior to January 1, 1950, only A, B, and C types were reportable; hence a five-year median not entirely comparable.

### Defense Manual on Health Services

The Civil Defense Administration has issued a 260-page manual, "Health Services and Special Weapons Defense," which sets forth a program for the development of state and local civil defense health services. The term, health services, as used in this manual, refers to medical, surgical, dental, nursing, sanitation, pharmaceutical, veterinary, laboratory (clinical, public health and X-ray), hospital, radiological and other related services.

This publication was prepared by the Health Resources Office of the National Security Resources Board. It is listed as "Federal Civil Defense Administration Publication AG-11-1, Health Services and Special Weapons Defense," and is for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington, D. C., for 60 cents per copy.

### State Engineer Exam

An examination for the position of *Assistant Sanitary Engineer* and *Associate Sanitary Engineer* will be held March 17th, with final filing date February 14th. Salary ranges are \$341-\$415 for *Assistant* and \$415-\$505 for *Associate*. California residence is not required for the *Assistant* position, but applicants for the *Associate* exam must have been in California one year and must also possess a certificate of registration as a civil engineer in California. Two years of experience in sanitary or public health engineering are required of applicants for the *Assistant* position, and four years for the *Associate* job. Applicants must have the equivalent to graduation from college with major work in sanitary, public health, chemical, or civil engineering. Additional qualifying experience may be substituted for the required education on a year-for-year basis.

### Santa Barbara County Has New Lab

Opened officially January 2d, a new public health laboratory now serves Santa Barbara County. The laboratory, established as a part of the Santa Barbara County Health Department program to provide all recommended public health laboratory services, is located in Santa Maria. Dr. Joseph T. Nardo, County Health Officer, announces that Miss Virginia Kane, Public Health Bacteriologist, has been placed in charge.

printed in CALIFORNIA STATE PRINTING OFFICE

37012-C 1-51 6,280

Documents Division  
General Library  
Univ. of Michigan  
Ann Arbor, Mich.



4.  
10

h  
l  
o  
t  
h  
a  
t  
o  
n  
n  
t  
o  
P  
d  
n  
m  
  
o  
s  
ti  
h  
to  
p  
co  
ro  
h  
ea  
—  
No